Fill in this information to identify your c	ase:	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF OKLAHOMA		
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	Check if this is amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

02/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your	full name		
gover	the name that is on your nment-issued picture	Leslee First Name	First Name
	fication (for example, Iriver's license or ort).	Danielle Middle Name	Middle Name
	•	Lee	
identif	your picture fication to your meeting	Last Name	Last Name
with th	ne trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
	her names you		
have years	used in the last 8	First Name	First Name
	le your married or	Middle Name	Middle Name
maide	en names.	Last Name	Last Name
•	the last 4 digits of	xxx - xx - 8 3 9 1	vvv _ vv _
	Social Security er or federal		xxx - xx
	dual Taxpayer	OR	OR
Identi (ITIN)	fication number	9xx - xx	9xx - xx

Debtor 1 Leslee Danielle Lee						Case number (if known)					
			Abo	out Debtor 1:			A	Abou	t Debtor 2 (Sp	ouse Only ir	n a Joint Case):
4.	and Em			I have not used a	any busines	s names or EIN	ls. [י ם	have not used	any busines	s names or EINs.
		ation Numbers ou have used in 8 years	Busi	ness name			Ē	Busine	ess name		
		trade names and	Busi	ness name			Ē	Busine	ess name		
	doing bu	isiness as names	Busi	ness name			- E	Busine	ess name		
			EIN				Ē	EIN -			
			EIN				Ē	EIN -			
5.	Where y	re you live					lí	f Dek	otor 2 lives at a	a different ac	ddress:
				3 South Joshua ber Street	a Avenue		- <u>-</u>	Numbe	er Street		
			Bro City	ken Arrow	ОК	74011					
				sa	State	ZIP Code	C	City St	State	ZIP Code	
			Cour	nty				County	у		
			the cou	our mailing addre one above, fill it i rt will send any not ling address.	in here. No	te that the	f v	from	otor 2's mailing yours, fill it in end any notices ess.	here. Note t	hat the court
			Num	ber Street			- <u>-</u>	Numbe	er Street		
			P.O.	Вох			F	P.O. B	Sox		
			City		State	ZIP Code	- 6	City		State	ZIP Code
6.		u are choosing	Che	ck one:			C	Chec	k one:		
	tnis disi bankrup	trict to file for otcy	☑	Over the last 180 petition, I have live than in any other	ved in this d	-	[ļ	Over the last 18 petition, I have than in any other	lived in this d	•
				I have another re (See 28 U.S.C. §		ain.	[have another r (See 28 U.S.C.		ain.
P	art 2:	Tell the Court Abo	out Y	our Bankrupt	cy Case						
7.	Bankru	otcy Code you		k one: (For a brief ankruptcy (Form 20	•				•	- , ,	for Individuals Filing x.
	under	osing to file	d	Chapter 7							
				Chapter 11							
				Chapter 12							
				Chapter 13							

Debtor 1 Leslee Danielle Lee			Case number (if known)						
8.	How you will pay the fee	V	court for r	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.					
			I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).						
			By law, a than 150% fee in inst	t that my fee be waived (You n judge may, but is not required t % of the official poverty line that tallments). If you choose this o e Waived (Official Form 103B) a	to, waive your t applies to you ption, you mus	fee, and may do ur family size an st fill out the App	so only if your income is less d you are unable to pay the		
9.	Have you filed for	$\overline{\mathbf{V}}$	No						
	bankruptcy within the last 8 years?		Yes.						
		Dist	rict		When		Case number		
		Dist	rict		When	MM / DD / YYYY	Case number		
		Dist	rict			MM / DD / YYYY			
40	Ana ann hanlennatar	_	NI-			MM / DD / YYYY			
10.	Are any bankruptcy cases pending or being	<u>~</u>	No						
	filed by a spouse who is not filing this case with		Yes.						
	you, or by a business	Deb	tor			Relationsh	ip to you		
	partner, or by an affiliate?	Dist	rict		When	MM / DD / YYYY	Case number,		
	umato.					MM/UU/YYYY	II KNOWN		
		Deb	tor			Relationsh	ip to you		
		Dist	rict		When		Case number,		
						MM / DD / YYYY	if known		
11.	Do you rent your		No. Go	to line 12.					
	residence?	$ \sqrt{} $	Yes. Ha	as your landlord obtained an evi	ction judgmen	t against you?			
				No. Go to line 12. Yes. Fill out Initial Statemen and file it as part of this bank		•	Against You (Form 101A)		

Deb	tor 1	Leslee Danielle Lee				Case number (if known)		
Pa	art 3:	Report About An	у Ві	usine	sses You Own as a	a Sole Proprietor			
12.	-	u a sole proprietor full- or part-time ss?	I		Go to Part 4. Name and location of b	usiness			
	busines individu separat	oroprietorship is a s you operate as an al, and is not a e legal entity such as ration, partnership, or			Name of business, if any Number Street				
	sole pro	ave more than one oprietorship, use a sheet and attach it etition.			Health Care Busin Single Asset Real Stockbroker (as d	box to describe your business: ness (as defined in 11 U.S.C. § I Estate (as defined in 11 U.S.C. § 101(53A) er (as defined in 11 U.S.C. § 10	(101(27A)) C. § 101(51B))	ZIP Coo	de
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small busine debtor?		r 11 of the ptcy Code and a s <i>mall busine</i> ss	can mos	<i>set ap</i> st rece	opropriate deadlines. If y nt balance sheet, statem f these documents do no	the court must know whether you indicate that you are a smanent of operations, cash-flow state texist, follow the procedure in	ll business deb atement, and fe	otor, you ederal inc	must attach your come tax return
F	uosto.	debior:	\checkmark	No.	I am not filing under Cl	hapter 11.			
	busines	For a definition of small business debtor, see		No.	I am filing under Chapt the Bankruptcy Code.	ter 11, but I am NOT a small bu	ısiness debtor a	accordino	g to the definition in
	11 0.5.	C. § 101(51D).		Yes.		ter 11, I am a small business de I do not choose to proceed und	-		
				Yes.	•	ter 11, I am a small business de I choose to proceed under Sub		•	
P	art 4:	Report If You Ow	vn o	r Hav	e Any Hazardous F	Property or Any Property	y That Need	is imm	ediate Attention
14.	propert alleged immine	own or have any y that poses or is to pose a threat of nt and identifiable		No Yes.	What is the hazard?				
	safety?	to public health or Or do you own operty that needs ate attention?			If immediate attention i	is needed, why is it needed?			
	perisha livestoc a buildii	mple, do you own ble goods, or k that must be fed, or ng that needs urgent			Where is the property?	Number Street			
	repairs?	•							
						City		State	ZIP Code

Debtor 1 Leslee Danielle Lee Case number (if known)

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

 I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not require	d to receive a briefing about					
credit counseling because of:						
☐ Incanacity	I have a mental illness or a mer					

Incapacity. deficiency that makes me

incapable of realizing or making rational decisions about finances.

 □ Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

 □ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

 □ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1		Leslee Danielle Lee		Case number (if	Case number (if known)				
Р	art 6:	Answer These C	uesti	ions for Reporting Pเ	ırpos	ses			
16.	What k	ind of debts do you	16a.		_	sumer debts? Consumer de imarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."	
money for a business or involution. No. Go to line 16c. Yes. Go to line 17.				invest	iness debts? Business debt ment or through the operation the that are not consumer or bu	n of th			
17	A ro voi	ı filing undor							
17.	Are you filing under Chapter 7?		No. I am not filing under Chapter 7. Go to line 18.						
	any exe exclude admini- are paid availab	estimate that after empt property is ed and strative expenses d that funds will be le for distribution ecured creditors?		-		•	-	xempt property is excluded and to distribute to unsecured creditors?	
18.		any creditors do iimate that you		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000	
19.		uch do you e your assets to th?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
20.		uch do you le your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	

Debtor 1	Leslee Danielle Lee		Case number (if known)			
Part 7:	Sign Below					
For you		I have examined this petition, and I declare un and correct.	der penalty of perjury that the information provided is true			
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.				
		If no attorney represents me and I did not pay fill out this document, I have obtained and reach	or agree to pay someone who is not an attorney to help me d the notice required by 11 U.S.C. § 342(b).			
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.				
		•	aling property, or obtaining money or property by fraud in n fines up to \$250,000, or imprisonment for up to 20 years, 571.			
		X /s/ Leslee Danielle Lee Leslee Danielle Lee, Debtor 1	X Signature of Debtor 2			
		Executed on 03/11/2020	Executed on			

MM / DD / YYYY

MM / DD / YYYY

Debtor 1	Leslee Danielle Lee			Case number (if known	າ)
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.		eligibility to proceed under C relief available under each of the debtor(s) the notice requi	Chapter 7, 11, 12, or chapter for which the ired by 11 U.S.C. § 3	13 of title 11, United Sta person is eligible. I also 842(b) and, in a case in v	informed the debtor(s) about tes Code, and have explained the ocertify that I have delivered to which § 707(b)(4)(D) applies, e schedules filed with the petition
		X /s/ Charles J. Kania Signature of Attorney for	Debtor	Date	03/11/2020 MM / DD / YYYY
		Charles J. Kania Printed name			
		Law Office of Charles Firm Name 5319 S. Lewis Avenue Number Street			
		Tulsa, OK 74105			
		Charles@kanialaw.co	om		
		City		State	ZIP Code
		Contact phone (918) 74	43-2239	Email address charle	s@kanialaw.com
		20512			_
		Bar number		State	

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Fill in this inf	ormation to ide	ntify your	case and this filir	ng:						
Debtor 1	Leslee	Danielle								
	First Name	Middle Nar	ne Last Name							
Debtor 2 (Spouse, if filing)	First Name	Middle Nar	ne Last Name							
United States Bar	nkruptcy Court for th	ne: NORTH	ERN DISTRICT OF C	OKLAHOMA						
Case number (if known)					☐ Check	if this is an				
(II KIIOWII)					amend	ded filing				
Official Form	106A/B									
Schedule A/	B: Property					12/15				
sheet to this form.	On the top of any	additional	pages, write your nam	e and case numb	space is needed, attach a per (if known). Answer eve tate You Own or Have	ery question.				
1. Do you own o	or have any legal o	r equitable i	nterest in any residen	ce, building, land	l, or similar property?					
No. Got	o Part 2.	•	·							
Yes. Wh	ere is the property?									
	•	-	for all of your entries t 1. Write that number		_	\$0.00				
Part 2: Des	scribe Your Vel	niclas								
Part 2. Des	scribe rour ver	licies								
-		-	- ·	-	registered or not? Includ cutory Contracts and Unexp	•				
3. Cars, vans, tr	ucks, tractors, spo	ort utility vel	nicles, motorcycles							
□ No										
Yes										
3.1.		WI	no has an interest in th	ne property?	Do not deduct secured cla	ims or exemptions. Put the				
Make:	Jeep	Ch	eck one.		amount of any secured cla					
Model:										
Year:	Year:									
Approximate milea	ge: 100,000	— E		-	\$12,000.00	\$12,000.00				
Other information:	-	no -	Chook if this is a second							
-	ot (approx. 100,00 JPCB3ED645086		(see instructions)	nunity property						

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Deb	otor 1	Leslee Dani	elle Lee	Case number (if known)	
4.	Exampl		notor homes, ATVs and other recreational vehicles, othe lers, motors, personal watercraft, fishing vessels, snowmobil		
	✓ No ☐ Yes	3			
5.			of the portion you own for all of your entries from Part 2, I have attached for Part 2. Write that number here		\$12,000.00
Р	art 3:	Describe	Your Personal and Household Items	•	
Do	you own	or have any l	egal or equitable interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Exampl	n old goods an es: Major appl	d furnishings iances, furniture, linens, china, kitchenware		
	☐ No ✓ Yes	s. Describe	Household goods & furnishings		\$500.00
7.	Electro Exampl	es: Televisions	s and radios; audio, video, stereo, and digital equipment; co ections; electronic devices including cell phones, cameras, r		
	✓ No	s. Describe			
8.	Exampl	•	nd figurines; paintings, prints, or other artwork; books, pictunn, or baseball card collections; other collections, memorabili	-	
	✓ No ☐ Yes	s. Describe			
9.			s and hobbies otographic, exercise, and other hobby equipment; bicycles, d kayaks; carpentry tools; musical instruments	pool tables, golf clubs, skis;	
	✓ No ☐ Yes	s. Describe			
10.	Firearn Exampl		es, shotguns, ammunition, and related equipment		•
		s. Describe			
11.	Clothes Example No		clothes, furs, leather coats, designer wear, shoes, accessori	es	
		s. Describe	Clothing for one adult.		\$350.00
12.	Jewelry Exampl		ewelry, costume jewelry, engagement rings, wedding rings,	heirloom jewelry, watches, gems,	
	□ No ✓ Yes	s. Describe	Misc. Jewelry		\$150.00

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Deb	tor 1	Leslee Danielle Lee	1	Case number (if known)	
13.		m animals es: Dogs, cats, birds, h	orses		
	✓ No Yes	. Describe			
14.	Any oth		ehold items you did not alrea	ady list, including any health aids you	
	✓ No ☐ Yes info	. Give specific			
15.				uding any entries for pages you have	\$1,000.00
Pa	art 4:	Describe Your F	inancial Assets		
Doy	ou own	or have any legal or e	quitable interest in any of th	e following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Example	es: Money you have in petition	your wallet, in your home, in a	safe deposit box, and on hand when you file your	
	□ No ✓ Yes	i		Cash:	\$125.00
17.	•		and other similar institutions.	ertificates of deposit; shares in credit unions, If you have multiple accounts with the same	
	□ No ✓ Yes	·	Institution name:		
	17.	.1. Checking account	BancFirst Checking	g account No. 0489129593	(\$1,053.55)
18.		mutual funds, or publi es: Bond funds, investn	-	firms, money market accounts	
	✓ No ☐ Yes	Ins	titution or issuer name:		
19.			d interests in incorporated an ship, and joint venture	nd unincorporated businesses, including	
	info	. Give specific rmation about n Na	me of entity:	% of ownership:	

Deb	tor 1 Leslee Danielle	Lee		Case number (if known)	
20.	Negotiable instruments incli	ude personal checks,	egotiable and non-negotiable in cashiers' checks, promissory note transfer to someone by signing c	es, and money orders.		
	✓ No Yes. Give specific information about them	Issuer name:				
21.	Retirement or pension acc Examples: Interests in IRA, profit-sharing pla	, ERISA, Keogh, 401(k	x), 403(b), thrift savings accounts	, or other pension or		
	No ✓ Yes. List each account separately.	Type of account:	Institution name:			
	4	401(k) or similar plan:	401(k) Plan Number 585800)		\$4,097.19
22.		eposits you have made	e so that you may continue servicent, public utilities (electric, gas, w			
00	No Yes		stitution name or individual:	::		
23.	No Yes		ment of money to you, either for li ecription:	ite or for a number of yea	irs)	
24.	_	IRA, in an account in	a qualified ABLE program, or u	under a qualified state t	uition progr	am.
	☑ No	Institution name and	description Compretaly file the r	accede of any interests	141160 81	F24(a)
25.	Trusts, equitable or future	e interests in property	description. Separately file the re		11 U.S.C. 9 :	521(C)
	powers exercisable for yo No	our benefit				
	Yes. Give specific information about them				_	
26.	Examples: Internet domain	•	, and other intellectual property ceeds from royalties and licensin			
	No ☐ Yes. Give specific information about them					
27.	Licenses, franchises, and Examples: Building permits		ibles cooperative association holdings,	liquor licenses, profession	onal licenses	S
	✓ NoYes. Give specific information about them					
Mor	ney or property owed to you	u?			C	urrent value of the
					Do	ortion you own? o not deduct secured aims or exemptions.
28.	Tax refunds owed to you					
	✓ No ☐ Yes. Give specific info	rmation			Federal:	
	about them, including w	vhether			State:	_
	you already filed the ret and the tax years				l ocal:	

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Deb	tor 1 Leslee Danielle Lee Case number	er (if known)
29.	Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce	e settlement, property settlement
	No Cive enceific information	Alimony
	Yes. Give specific information	Alimony:
		Maintenance:
		Support: Divorce settlement:
		Divorce settlement: Property settlement:
20	Other amounts someone owes you	Troperty settlement.
50.	Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation processes compensation, Social Security benefits; unpaid loans you made to someone else	pay, workers'
	✓ No ☐ Yes. Give specific information	
31.	Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowne	r's, or renter's insurance
	☑ No ☐ Yes. Name the insurance	
	company of each policy and list its value Company name: Beneficiary:	Surrender or refund value:
32.	Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are cu entitled to receive property because someone has died	rrently
	No Sing an addition of the state of the stat	
	Yes. Give specific information	
33.	Claims against third parties, whether or not you have filed a lawsuit or made a demand for Examples: Accidents, employment disputes, insurance claims, or rights to sue	payment
	No	
	Yes. Describe each claim	
34.	Other contingent and unliquidated claims of every nature, including counterclaims of the crights to set off claims	lebtor and
	✓ No ✓ Yes. Describe each claim	
	Tes. Describe each daim	
35.	Any financial assets you did not already list	
	✓ No ☐ Yes. Give specific information	
36.	Add the dollar value of all of your entries from Part 4, including any entries for pages you attached for Part 4. Write that number here	nave \$3,168.64
Pa	art 5: Describe Any Business-Related Property You Own or Have an Inter-	est In. List any real estate in Part 1.
37.	Do you own or have any legal or equitable interest in any business-related property?	
	✓ No. Go to Part 6. ✓ Yes. Go to line 38.	

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Debtor 1		Leslee Danielle Lee	Case number (if known)	
				Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accour	nts receivable or commissions you already earned		
	✓ No ☐ Yes	s. Describe		
39.	Exampl	equipment, furnishings, and supplies les: Business-related computers, software, modems, desks, chairs, electronic devices	printers, copiers, fax machines, rugs, telephones,	
	✓ No ☐ Yes	s. Describe		
40.	Machin	nery, fixtures, equipment, supplies you use in busi	ness, and tools of your trade	
	✓ No ☐ Yes	s. Describe]
41.	Invento	pry		
	✓ No ☐ Yes	s. Describe]
42.	Interes	ts in partnerships or joint ventures		-
	☑ No	Describe News of autitus	0/ of our archine	
12	_	s. Describe Name of entity:	% of ownership:	
43.		ner lists, mailing lists, or other compilations		
	✓ No ☐ Yes			
		Yes. Describe		
44.	Any bu	siness-related property you did not already list		I
	✓ No	s. Give specific information.		
45.		e dollar value of all of your entries from Part 5, inc ed for Part 5. Write that number here	_	\$0.00
P		Describe Any Farm- and Commercial Fis If you own or have an interest in farmland, lis	hing-Related Property You Own or Have a st it in Part 1.	n Interest In.
46.	Do you	own or have any legal or equitable interest in any	farm- or commercial fishing-related property?	
	_	Go to Part 7. s. Go to line 47.		

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Deb	tor 1	Leslee Danielle Le	.ee	Case number (if known)	
					Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm a	nimals e <i>s:</i> Livestock, poultry	v farm-raised fish		
	✓ No	es. Livestock, poultry	y, iaim-iaiseu lisii		
	☐ Yes	i			
	_				
48.	Crops-	either growing or ha	arvested		
	☑ No				
	Yes	. Give specific			
		rmation			
49.	Farm a	nd fishing equipmen	nt, implements, machinery, fixtures, a	nd tools of trade	
	☑ No				\neg
	☐ Yes	·····			
50	Farm a	nd fishing supplies	chemicals, and feed		
50.		ia iisiiiig supplies,	chemicals, and reed		
	✓ No				\neg
	□ '65				
51.	Any far	m- and commercial	fishing-related property you did not a	Iready list	
	☑ No				
		. Give specific			
	info	rmation			
52.			of your entries from Part 6, including a		\$0.00
	attache	d for Part 6. Write ti	hat number here		
P	art 7:	Describe All Pro	perty You Own or Have an Inte	erest in That You Did Not List Abov	е
53.	-		y of any kind you did not already list? country club membership		
		ce. coacen donots, o	James John Hombotomp		
	✓ No	Civo aposific inform	mation		
	⊔ res	. Give specific inform	mauon.		
54.	Add the	dollar value of all o	of your entries from Part 7. Write that	number here	\$0.00

Debtor 1	Leslee Danielle Lee	Case number (if known)				
Part 8:	List the Totals of Each Part of this Form					
55. Part 1	: Total real estate, line 2		>	,	\$0.00	
56. Part 2	: Total vehicles, line 5	\$12,000.00				
57. Part 3	: Total personal and household items, line 15	\$1,000.00				
58. Part 4	: Total financial assets, line 36	\$3,168.64				
59. Part 5	: Total business-related property, line 45	\$0.00				
60. Part 6	: Total farm- and fishing-related property, line 52	\$0.00				
61. Part 7	: Total other property not listed, line 54	+\$0.00				
62. Total	personal property. Add lines 56 through 61	\$16,168.64	Copy personal property total	+	\$16,168.64	
63. Total	of all property on Schedule A/B. Add line 55 + line 62				\$16,168.64	

Fill in this inf	ormation to i	dentify your	case:				
Debtor 1	Leslee	Danielle	Lee				
Debtor 2	First Name	Middle Name	e Last Name				
(Spouse, if filing)	First Name	Middle Name	E Last Name				
United States Bar	nkruptcy Court for	the: NORTHE	RN DISTRICT OF (OKLA	AHOMA_	☐ Check if this is	an
Case number (if known)						amended filing	I
Official Form	106C						
Schedule C:	The Prope	rty You Cl	aim as Exemp	ot			04/19
Using the property	you listed on <i>Sch</i> Il out and attach t	edule A/B: Prop o this page as m	erty (Official Form 10	6A/B)	as your source, li	ally responsible for supplying co st the property that you claim as necessary. On the top of any a	s exempt. If more
is to state a speci- exempted up to th receive certain be exemption of 100° property is detern	fic dollar amoun le amount of any nefits, and tax-e % of fair market nined to exceed	t as exempt. Al applicable stat xempt retirement value under a la that amount, yo	ternatively, you may utory limit. Some ex nt fundsmay be unl w that limits the exe ur exemption would	clain cempt imite mptic	n the full fair mar tionssuch as the d in dollar amour on to a particular	ion you claim. One way of do ket value of the property bein ose for health aids, rights to nt. However, if you claim an dollar amount and the value cable statutory amount.	g
Part 1: Ide	ntify the Prop	erty You Cla	im as Exempt				
	exemptions are		•		if your spouse is f	iling with you.	
	-		kruptcy exemptions. J.S.C. § 522(b)(2)	11 U.	S.C. § 522(b)(3)		
2. For any prop	erty you list on S	Schedule A/B th	at you claim as exer	npt, f	II in the informat	ion below.	
Brief description of Schedule A/B that			Current value of the portion you own		ount of the mption you claim	Specific laws that allow	v exemption
			Copy the value from Schedule A/B		ck only one box fo n exemption	or	
Brief description:			\$500.00	$\overline{\mathbf{A}}$	\$500.00	Okla. Stat. tit. 31 § 1(A)(3)
Household good	ds & furnishing	s			100% of fair mark		
Line from Schedule	e A/B: 6				value, up to any applicable statuto limit	ory	
Brief description:			\$350.00	$\overline{\mathbf{Q}}$	\$350.00	Okla. Stat. tit. 31 § 1(A)(7)
Clothing for one	adult.				100% of fair mark	ket	
Line from Schedule	e A/B: 11				value, up to any applicable statuto limit	pry	
-							
-	•	-	more than \$170,350°		ed on or after the	date of adjustment.)	
☑ No	-		by the exemption wit				
☐ Yes							

Debtor 1	Leslee Danielle Lee		Case numbe	Case number (if known)		
Part 2:	Additional Page					
Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own		ount of the emption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B		eck only one box for ch exemption		
Brief descri Cash on I Line from S	•	\$125.00		100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 12 § 1171.1 (Claimed: \$93.75 100% of fair market value, up to any applicable statutory limit)	
04891295	Checking account No.	(\$1,053.55)	□	100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 12 § 1171.1 (Claimed: \$0.00 100% of fair market value, up to any applicable statutory limit)	
` ,	iption: an Number 585800 Schedule A/B:21	\$4,097.19		\$4,097.19 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 60 § 327 & 328	

Fill in this in	formation to identif	v vour case:				
Debtor 1		anielle	Lee			
	First Name N	liddle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name N	liddle Name	Last Name	—		
United States Ba	nkruptcy Court for the: N	IORTHERN DIS	TRICT OF OKLAHO	OMA_		
Case number (if known)					Check if this is amended filing	
Official Form	106D					
Schedule D	: Creditors Who	Have Clain	ns Secured by	Property		12/15
1. Do any credi No. Che	nd accurate as possible on. If more space is need additional pages, write tors have claims secure eck this box and submit the information of the i	eded, copy the Ac your name and c ed by your proper his form to the cou below.	dditional Page, fill it of asse number (if know	out, number the entri n).	es, and attach it to thi	s form.
Part 1: Lis	st All Secured Clain	ns				
claim, list the creditor has a	red claims. If a creditor creditor separately for ear particular claim, list the sible, list the claims in alphe.	ach claim. If more other creditors in F	than one Part 2. As	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe the pr		\$14,165.00	\$12,000.00	\$2,165.00
US Auto Credit Creditor's name Attn: Bankrupto Number Street	;y	- 2014 Jeep Pat 100,000 miles	triot (approx.			
PO Box 57545		- As of the date :	ou file, the claim is:	Check all that apply		
Jacksonville City Who owes the de	FL 32241 State ZIP Code	Contingent Unliquidated Disputed	1	опеск ан шасарргу.		
Debtor 1 only	bt: Check one.		Check all that apply. ent you made (such as	mortgage or secured	car loan)	
Debtor 2 only Debtor 1 and [•	Judgment lie	n (such as tax lien, me en from a lawsuit	echanic's lien)		
Check if this	the debtors and another	Other (include Automobil	ding a right to offset) le			
to a communi		Last 4 digits of	account number	2 4 0 0		
Current Accoun		_ Last 4 digits of	account number	2 4 0 0		
Add the deller ve	luo of vour entrice in C	Numn A on this -	ago Write		1	
that number here	lue of your entries in Co :	oumn A on this p	age. write	\$14,165.00		
If this is the last p	page of your form, add t	he dollar value to	tals from		1	

Official Form 106D

all pages. Write that number here:

= ::::::::::::::::::::::::::::::::::::						
Fill in this in	ormation to	dentify your ca	ase:			
Debtor 1	Leslee First Name	Danielle Middle Name	Lee Last Name	_		
	riist Name	Middle Name	Last Name			
Debtor 2	First Name	Maidalla Mana	L and Marina	-		
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Ba	nkruptcy Court fo	or the: NORTHER	N DISTRICT OF OKLAHOMA	-		
Case number				l r	Check if this is	s an
(if known)				'	amended filing	
Official Form	106E/F					
Schedule E	F: Credito	rs Who Have	Unsecured Claims			12/15
Do not include an If more space is not to this page. On the	y creditors with needed, copy the the top of any ac	partially secured Part you need, fil	and on Schedule G: Executory C claims that are listed in Schedu I it out, number the entries in the rite your name and case number ecured Claims	le D: Creditors Who le boxes on the left.	Hold Claims Secu	ured by Property.
		y unsecured claim				
_ 11 0		y unsecured claim	is against you:			
✓ No. Go	to Part 2.					
claim. For ea show both pri more space is	ch claim listed, io ority and nonprio	dentify what type of rity amounts. As m rity unsecured claim	creditor has more than one priority claim it is. If a claim has both priouch as possible, list the claims in ns, fill out the Continuation Page o	ority and nonpriority ar alphabetical order acc	mounts, list that classording to the cred	aim here and itor's name. If
(For an explai	nation of each ty	oe of claim, see the	instructions for this form in the in	struction booklet.		
				Total claim	Priority	Nonpriority
					amount	amount
2.1						
			Last 4 digits of account numbe			
Priority Creditor's Nam	ne		•	' — — — —	=	
Number Street			When was the debt incurred?		_	
			As of the date you file, the clair	n is: Check all that ap	pply.	
			Contingent			
			Unliquidated			
City	State	ZIP Code	Disputed			
Who incurred the	debt? Check	one.	Type of PRIORITY unsecured c	laim:		
Debtor 1 only			Domestic support obligations			
Debtor 2 only Debtor 1 and [Debtor 2 only		Taxes and certain other debt	,	ment	
	the debtors and	another	Claims for death or personal intoxicated	injury wrille you were		
ш	claim is for a co		Other. Specify			
ப Is the claim subje		-	. ,			
□ No						
☐ Yes						

Debtor 1 Leslee Danielle Lee	Case number (if known)
Part 2: List All of Your NONPRIC	ORITY Unsecured Claims
3. Do any creditors have nonpriority unsec ☐ No. You have nothing to report in this ✓ Yes	cured claims against you? s part. Submit this form to the court with your other schedules.
If a creditor has more than one nonpriority type of claim it is. Do not list claims alread	aims in the alphabetical order of the creditor who holds each claim. unsecured claim, list the creditor separately for each claim. For each claim listed, identify what dy included in Part 1. If more than one creditor holds a particular claim, list the other creditors in ority unsecured claims, fill out the Continuation Page of Part 2.
	Total claim
All State Indemnity Co. Nonpriority Creditor's Name PO Box 660598	Last 4 digits of account number 3 7 2 9 When was the debt incurred?
Number Street	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed
Dallas City State Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community delisthe claim subject to offset? ✓ No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured
4.2 BancFirst Nonpriority Creditor's Name PO Box 455 Number Street	#\$1,053.55 Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed
Coweta City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community dels the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify

Debtor 1 Leslee Danielle Lee	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.3		\$482.00
Caine & Weiner	Last 4 digits of account number 3 7 6 9	
Nonpriority Creditor's Name	When was the debt incurred? 12/26/2018	
Attn: Bankruptcy Number Street	As of the date you file, the claim is: Check all that apply.	
5805 Sepulveda Blvd	Contingent	
	Unliquidated	
Sherman Oaks CA 91411	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Unknown Loan Type	
Is the claim subject to offset?		
No You		
Yes		
Original Creditor Name: PROGRESSIVE INS Collection		
4.4		\$1,056.00
Capital One	Last 4 digits of account number6856_	
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred? 10/2018	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 30285	Contingent	
	☐ Unliquidated ☐ Disputed	
Salt Lake City UT 84130	— Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
✓ No ☐ Yes		
<u> </u>		
Charge Off for \$1056 on 01/20 Account Closed By Grantor		

Debtor 1	Leslee Danielle L	<u>-ee</u>	Case number (if known)	
Part 2:	Your NONPRI	ORITY Unsecu	red Claims Continuation Page	
After listin		page, number the	m sequentially from the	Total claim
4.5				\$228.48
CCS Payr	ment Processing C	enter	_ Last 4 digits of account number _ 3 _ 7 _ 2 _ 9	
Nonpriority C PO Box 5	reditor's Name		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			Unliquidated	
Boston	MA	02205-5126	─	
City	State	ZIP Code	Type of NONPRIORITY unsecured claim:	
_ 5		ck one.	Student loans	
✓ Debtor			Obligations arising out of a separation agreement or divorce	
	1 and Debtor 2 only		that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At leas	t one of the debtors ar	nd another	Other. Specify	
☐ Check	if this claim is for a	community debt	Unsecured	
	n subject to offset?			
☑ No				
Yes				
4.6				\$6,969.00
Chase Ca	ard Services		Last 4 digits of account number 9 7 0 6	
	reditor's Name		When was the debt incurred? 07/2018	
Attn: Ban	Street		As of the date you file, the claim is: Check all that apply.	
PO Box 1	5298		_ Contingent	
			Unliquidated	
Wilmingto	on DE	19850	─	
City	State	ZIP Code	Type of NONPRIORITY unsecured claim:	
		ck one.	☐ Student loans	
✓ Debtor	•		Obligations arising out of a separation agreement or divorce	
ш	1 and Debtor 2 only		that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At leas	t one of the debtors ar	nd another	Other. Specify	
☐ Check	if this claim is for a	community debt	Credit Card	
	n subject to offset?			
☑ No				
Yes				
•	off for \$6969 on 07/ <i>′</i> Closed By Grantor	19		
Account t	Cioseu by Granitor			

Debtor 1 Leslee Danielle Lee	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.7		\$945.00
Municipal Services Bureau	Last 4 digits of account number 4 6 9 2	
Nonpriority Creditor's Name PO Box 16755	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Austin TX 78761-6755		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations evising out of a consection agreement or diverse	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Unsecured	
Is the claim subject to offset? No		
✓ No ☐ Yes		
4.8		\$1,616.85
Progressive Leasing	Last 4 digits of account number2834	
Nonpriority Creditor's Name 256 W Data Dr.	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Draper UT 84020	— — — — — — — — — — — — — — — — — — —	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Unsecured	
Is the claim subject to offset? No		
✓ NO ☐ Yes		
4.9		\$529.66
Sprint Nonpriority Creditor's Name	Last 4 digits of account number9 _ 7 _ 6 _ 4	
PO Box 629023	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Disputed	
El Dorado Hills CA 90054 City State ZIP Code	Turns of NONDRIGHTY unaccounted eleitment	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify Unsecured	
Is the claim subject to offset?	Onseculeu	
✓ No		
Yes		

Debtor 1 Leslee Danielle Lee	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.10		\$18,652.43
Tinker Fcu Nonpriority Creditor's Name Attn: Bankruptcy	Last 4 digits of account number 0 0 5 0 When was the debt incurred? 08/2018	
Number Street PO Box 45750	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
Tinker AFB OK 73145	Disputed	
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Automobile	
Charge Off for \$8302 on 01/20		
4.11		\$10,540.00
USDOE/GLELSI Nonpriority Creditor's Name	Last 4 digits of account number8581	
Attn: Bankruptcy Number Street PO Box 7860	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
Madison WI 53707	Disputed	
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Educational	

Debtor 1 Leslee Danielle Lee			Case number (if known)					
Part 3:	List Others to	Be Notified Ab	out a Debt That You Already	ut a Debt That You Already Listed				
For ex credite debts	cample, if a collection or in Parts 1 or 2, the	n agency is trying t en list the collection rts 1 or 2, list the a	o collect from you for a debt you on a gency here. Similarly, if you had ditional creditors here. If you do	a debt that you already listed in Parts 1 or 2. bwe to someone else, list the original ave more than one creditor for any of the not have additional parties to be notified for				
Internal R	evenue Service		On which entry in Part 1 or F	Part 2 did you list the original creditor?				
Name PO Box 8 Number			Line of (Check one): Required Notification					
Cincinnat City	i OI		—— Last 4 digits of account num	ber				
	evenue Service		On which entry in Part 1 or F	Part 2 did you list the original creditor?				
PO Box 75 Number	346 Street		Line of (Check one): Required Notification	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims				
Philadelpl City	hia PA		—— Last 4 digits of account num	ber				
Oklahoma Name P.O. Box 2 Number	a Tax Commission 26930 Street	1	On which entry in Part 1 or F Line of (Check one): Required Notification	Part 2 did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims				
Oklahoma City	a City Ol		—— Last 4 digits of account num					

Debtor 1	Leslee Danielle Lee	Case number (if known)
Part 4:	Add the Amounts for Each Type of Unsecured Claim	

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
nom rait i	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. 🛨	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	\$42,529.93
	6j.	Total. Add lines 6f through 6i.	6j.	\$42,529.93

Fill in this in	formation to	identify your case		
Debtor 1	Leslee	Danielle	Lee	
Bester 1	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing	g) First Name	Middle Name	Last Name	
United States B	ankruptcy Court fo	or the: NORTHERN D	ISTRICT OF OKL	LAHOMA
Case number				_
(if known)				─ Check if this is an amended filing
				amended ming
Official Forr	n 106G			
Schedule (3: Executor	y Contracts an	d Unexpired	Leases
□ No. Ch	neck this box and t		ourt with your other so	schedules. You have nothing else to report on this form.
Yes. F	ill in all of the info	mation below even if th	ne contracts or lease:	es are listed on Schedule A/B: Property (Official Form 106A/B).
is for (for ex	•	icle lease, cell phone)	•	Intract or lease. Then state what each contract or lease has for this form in the instruction booklet for more examples of
Person o	or company with	whom you have the c	ontract or lease	State what the contract or lease is for
2.1 Sprint				Telephone Contract
Name	629023			Contract to be REJECTED
Number	Street			_
				<u> </u>
El Dora	do Hills	CA	90054	
City		State	ZIP Code	

Fi	ll in this inf	ormation to iden	tify your case:					
De	ebtor 1	Leslee	Danielle	Lee				
		First Name	Middle Name	Last Name				
	ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name				
Ur	nited States Bar	nkruptcy Court for the	· NORTHERN DIST	RICT OF OKLAHOMA				
	ase number	aptoy Countries and						
	known)				☐ Check if this is an amended filing			
					unichaed ming			
∩fí	ficial Form	106H						
		Your Codebt	ore			12/1		
3C	nedule n.	Tour Codebi	OIS			12/1		
two nee	Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) No Yes							
2.			•		? (Community property states and territories as, Washington, and Wisconsin.)			
	No. Go to Yes. Did	your spouse, former	spouse, or legal equiv	valent live with you at the tim	e?			
3.	person shows creditor on S	n in line 2 again as a	codebtor only if tha form 106D), <i>Schedul</i>	t person is a guarantor or o e <i>E/F</i> (Official Form 106E/F	or if your spouse is filing with you. List the cosigner. Make sure you have listed the c), or <i>Schedule G</i> (Official Form 106G). Use			

Column 1: Your codebtor Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Case 20-10415-R Document 1 Filed in USBC ND/OK on 03/11/20 Page 30 of 68

G	ill in this inform	ation to i	dentify your case:				
	Debtor 1	Leslee	Danielle	Lee			
		First Name	Middle Name	Last Na	me	Che	eck if this is:
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	me	_	An amended filing
	United States Bankro	untov Court f	or the: NORTHERN	DISTRICT O	OKLAHO	MA □	A supplement showing postpetition
	Case number	uptcy Court i	or the. <u>110111121111</u>	210111101 01	01(2) (110)		chapter 13 income as of the following date:
	(if known)						MM / DD / YYYY
	fficial Form 10						
S	chedule I: You	ur Incon	ne				12/15
res ind ab yo	sponsible for supply clude information ab out your spouse. If ur name and case n	ring correct out your sp more space	information. If you are ouse. If you are separ is needed, attach a se own). Answer every c	e married and i ated and your parate sheet t	not filing joi spouse is n	ntly, and your ot filing with y	d Debtor 2), both are equally spouse is living with you, you, do not include information any additional pages, write
1.	Fill in your employ	yment					
	information. If you have more the	nan one		Debtor 1			Debtor 2 or non-filing spouse
	job, attach a separ	ate page	Employment status	☑ Employe			Employed
	with information ab additional employe	rs.		☐ Not emp	•		■ Not employed
	Include part-time, s		Occupation	Office Prof	essionai		_
	or self-employed w		Employer's name	Pipeliners	ocal 798		
	Occupation may in student or homema applies.		Employer's address	4823 S 83rd Number Stree			Number Street
				Tulsa City	O I		City State Zip Code
			How long employed to	nere? 1 ye	ar		
	Part 2: Give D	otaile Aho	out Monthly Incom	•			
					nothing to rer	oort for any line	e, write \$0 in the space. Include your
	n-filing spouse unless			m n you navo i	ioning to rop	ore for any line	, wite to in the space. Include year
-		•	more than one employ rate sheet to this form.	er, combine the	information	for all employe	ers for that person on the lines below. If
					Fo	or Debtor 1	For Debtor 2 or non-filing spouse
2.			lary, and commissions monthly, calculate what		2. <u>-</u> age	\$2,548.00	<u> </u>
3.	Estimate and list	monthly ove	rtime pay.		3. + _	\$47.80	. <u> </u>
4.	Calculate gross in	ncome. Add	line 2 + line 3.		4.	\$2,595.80	

Official Form 106l Schedule I: Your Income page 1

Deb	totor 1 Leslee Danielle Lee		Case nur	nber (if kno	wn)		_
			For Debtor 1	For Debt	tor 2 or g spouse		
	Copy line 4 here	4.	\$2,595.80		•	_	
5.	List all payroll deductions:						
	5a. Tax, Medicare, and Social Security deductions	5a.	\$454.27				
	5b. Mandatory contributions for retirement plans	5b.	\$0.00				
	5c. Voluntary contributions for retirement plans	5c.	\$0.00				
	5d. Required repayments of retirement fund loans	5d.	\$0.00				
	5e. Insurance	5e.	\$0.00				
	5f. Domestic support obligations	5f.	\$0.00				
	5g. Union dues	5g.	\$0.00				
	5h. Other deductions. Specify:	5h.•	+\$0.00				
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$454.27				
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	. 7.	\$2,141.53				
8.	List all other income regularly received:						
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00				
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.						
	8b. Interest and dividends	8b.	\$0.00				
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00				
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.						
	8d. Unemployment compensation	8d.	\$0.00				
	8e. Social Security	8e.	\$0.00				
	8f. Other government assistance that you regularly receive						
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						
	Specify:	8f.	\$0.00				
	8g. Pension or retirement income	— 8g.	\$0.00				
	8h. Other monthly income. Specify:	8h.	+ \$0.00				
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00				
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$2,141.53	+		=[\$2,141.53
11.	State all other regular contributions to the expenses that you list in	Sched	ule J.				
	Include contributions from an unmarried partner, members of your house friends or relatives.	ehold, y	our dependents, you	ır roommate	es, and oth	er	
	Do not include any amounts already included in lines 2-10 or amounts the	nat are i	not available to pay e	expenses lis	sted in Sch	ıedı	ıle J.
	Specify:				_ 11.	+	\$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11 income. Write that amount on the Summary of Your Assets and Liabilitie				12.		\$2,141.53
40	if it applies.			•			Combined nonthly income
13.	Do you expect an increase or decrease within the year after you file	this to	rm?				
	No. None.						
	Yes. Explain:						

G	ill in this inform	ation to identi	fy your case:			Ohaa			
	Debtor 1	Leslee First Name	Danielle Middle Name	Lee Last Na	ame			s: ded filing ment showing	postpetition
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	ame	-	chapter 1 following	3 expenses as date:	s of the
	United States Bankru	uptcy Court for the:	NORTHERN DI	STRICT O	F OKLAHOMA		MM / DD	/ YYYY	_
	Case number (if known)						.vv., 55	,	
0	fficial Form 10	6J				J			
S	chedule J: Yo	ur Expense	S						12/15
na	rrect information. If me and case numbe	more space is ne	eded, attach anothe wer every question	er sheet to	ling together, both a this form. On the top				
1.	Is this a joint case		illoiu						
2.	✓ No. Go to line ☐ Yes. Does D	e 2. ebtor 2 live in a se . Debtor 2 must file	No	-2, Expense	s for Separate House Dependent's relati			Dependent's	Does dependent
	Do not list Debtor 1 Debtor 2.	I and \square	Yes. Fill out this inf for each dependent		Debtor 1 or Debtor			age	live with you?
	Do not state the de names.	ependents'					 		Yes No Yes No Yes No Yes No No No No Yes No Yes
3.	Do your expenses expenses of peop yourself and your	le other than	✓ No ☐ Yes						
Ŀ	Part 2: Estima	te Your Ongoi	ng Monthly Exp	enses					
to	•	of a date after the		-	are using this form as a supplemental Sche		-	-	
	lude expenses paid ch assistance and h							Your expens	es
4.			enses for your resid any rent for the groun				4.		\$300.00
	If not included in I	line 4:							
	4a. Real estate ta	xes					4a	l	
	4b. Property, hom	neowner's, or renter	's insurance				4b). <u> </u>	
	4c. Home mainter	nance, repair, and i	upkeep expenses				4c		
	4d. Homeowner's	association or con	dominium dues				4d	l.	

Deb	tor 1 Leslee Danielle Lee	Case number (if known)			
		Your expenses			
5.	Additional mortgage payments for your residence, such as home equity loans	5.			
6.	Utilities:				
	6a. Electricity, heat, natural gas	6a	\$120.00		
	6b. Water, sewer, garbage collection	6b	\$80.00		
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$186.00		
	6d. Other. Specify: Cable/Internet	6d.	\$100.00		
7.	Food and housekeeping supplies	7.	\$400.00		
8.	Childcare and children's education costs	8.			
9.	Clothing, laundry, and dry cleaning	9.	\$100.00		
10.	Personal care products and services	10.	\$100.00		
11.	Medical and dental expenses	11.			
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$100.00		
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.			
14.	Charitable contributions and religious donations	14.			
15.	Insurance.				
	Do not include insurance deducted from your pay or included in lines 4 or 20.	45.			
	15a. Life insurance	15a			
	15b. Health insurance	15b			
	15c. Vehicle insurance	15c	\$195.00		
16	15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	15d			
10.	Specify:	16.			
17.	Installment or lease payments:				
	17a. Car payments for Vehicle 1	17a	\$450.00		
	17b. Car payments for Vehicle 2	17b			
	17c. Other. Specify:	17c			
	17d. Other. Specify:	17d			
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.			
19.	Other payments you make to support others who do not live with you. Specify:	19.			

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Debtor 1		Leslee Danielle Lee	Case number (if known))
		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a.	
	20b.	Real estate taxes	20b.	
	20c.	Property, homeowner's, or renter's insurance	20c.	
	20d.	Maintenance, repair, and upkeep expenses	20d.	
	20e.	Homeowner's association or condominium dues	20e.	
21.	Othe	r. Specify:	21. +	
22.	Calcu	ulate your monthly expenses.	_	
	22a.	Add lines 4 through 21.	22a.	\$2,131.00
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J	l-2. 22b.	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$2,131.00
23.	Calcu	ulate your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$2,141.53
	23b.	Copy your monthly expenses from line 22c above.	23b. –	\$2,131.00
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$10.53
24.	Do y	ou expect an increase or decrease in your expenses within the year after	you file this form?	
	 ✓	No		
		Yes. Explain here: None.		

1c. Copy line 63, Total of all property on Schedule A/B		Leslee	Danielle	Lee		
Check if fling First Name Middle Name Last Name		First Name	Middle Name	Last Name		
ase number Check if this is an amended filing		First Name	Middle Name	Last Name		
Check if this is an amended filing						
Include the property of Schedule A/B. 1b. Copy line 62, Total personal property, from Schedule A/B. 1c. Copy line 63, Total of all property on Schedule A/B. 2schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D. 2schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 69 of Schedule E/F. 40th Tatsian Amended filing 1deneral Statistical Information 2checking the possible. If two married people are filing together, both are equally responsible for supplying rect information. 1deneral Statistical Information 2deneral Statistical	nited States Ba	nkruptcy Court fo	r the: NORTHERN D	ISTRICT OF OKLAHOMA		
as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying rect information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended redules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. Art 1: Summarize Your Assets					—	
as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying rect information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended redules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. art 1: Summarize Your Assets Your assets Your assets Value of what y Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	ficial Form	106Sum				
as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying rect information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended redules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. art 1: Summarize Your Assets Your assets Your assets Value of what y Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	ımmarv of	 f Your Asse	ets and Liabilit	ies and Certain Statis	stical Information	12
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	edules after ye	ou file your origi	inal forms, you must f			ueu
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B						
1b. Copy line 62, Total personal property, from Schedule A/B	Schedule A/B	: Property (Officia	al Form 106A/B)		value	or what you or
1b. Copy line 62, Total personal property, from Schedule A/B	1a. Copy line	e 55, Total real es	state, from Schedule A	/B		\$0.
1c. Copy line 63, Total of all property on Schedule A/B						
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	1b. Copy line	e 62, Total persor	nal property, from Sche	dule A/B		\$16,168.
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D \$14 Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	1c. Copy line	e 63, Total of all բ	property on Schedule A	/B		\$16,168.
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D \$14 Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	art 2: Su	mmarize You	r Liabilities			
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	<u> </u>					
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F						
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F		Craditara Wha He	nya Claima Sagurad hy	Property (Official Form 106D)	, une	ant you one
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	Schedule D: (•		page of Part 1 of Schedule D	\$14,165.
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F+ \$42						
esc. Copy the total damins from a large (nonpriority uniscoured damins) from time of or concedure 27	2a. Copy the	: Creditors Who I	Have Unsecured Claim	s (Official Form 106E/F)		\$0.
esc. Copy the total claims from hair 2 (nonphonty unboothed claims) from line of a concedure 27	2a. Copy the				dule E/F	***
Your total liabilities \$56	2a. Copy the Schedule E/F. 3a. Copy the	e total claims from	า Part 1 (priority unsecu	ured claims) from line 6e of Scheo		·
	2a. Copy the Schedule E/F. 3a. Copy the	e total claims from	า Part 1 (priority unsecu	ured claims) from line 6e of Scheo		\$42,529.9
	2a. Copy the Schedule E/F. 3a. Copy the	e total claims from	า Part 1 (priority unsecu	ured claims) from line 6e of Scheo	chedule E/F +	·
Cummarina Vaur Income and Funcinas	2a. Copy the Schedule E/F. 3a. Copy the	e total claims from	า Part 1 (priority unsecu	ured claims) from line 6e of Scheo	chedule E/F +	\$42,529.
art 3: Summarize Your Income and Expenses	2a. Copy the Schedule E/F 3a. Copy the 3b. Copy the	e total claims from	n Part 1 (priority unsecu	ured claims) from line 6e of Sched	chedule E/F +	\$42,529.
Copy your combined monthly income from line 12 of Schedule I	2a. Copy the Schedule E/F 3a. Copy the 3b. Copy the art 3: Sur	e total claims from total claims from total claims from mmarize You our Income (Offic	n Part 1 (priority unsecund Part 2 (nonpriority unsecund Part 2 (nonpriori	ured claims) from line 6e of Sched	Your total liabilities	\$42,529

Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....

\$2,131.00

Del	otor 1	Leslee Danielle Lee Ca	ase numbe	er (if known)	
P	art 4:	Answer These Questions for Administrative and Statistica	l Record	ds	
6.	Are yo	ou filing for bankruptcy under Chapters 7, 11, or 13?			
	_	o. You have nothing to report on this part of the form. Check this box and subnes	nit this for	m to the court with you	r other schedules.
7.	What k	kind of debt do you have?			
	Ľ	our debts are primarily consumer debts. Consumer debts are those "incurre amily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistic	•		personal,
	_	our debts are not primarily consumer debts. You have nothing to report on the form to the court with your other schedules.	his part of	the form. Check this	box and submit
8.		the Statement of Your Current Monthly Income: Copy your total current mont I Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	hly income	e from	\$2,649.28
9.	Copy t	the following special categories of claims from Part 4, line 6 of <i>Schedule E</i>	/F:		
				Total claim	
	From F	Part 4 on Schedule E/F, copy the following:			
	9a. D	omestic support obligations. (Copy line 6a.)		\$0.00	<u>-</u>
	9b. Ta	axes and certain other debts you owe the government. (Copy line 6b.)		\$0.00	<u></u>
	9c. C	laims for death or personal injury while you were intoxicated. (Copy line 6c.)		\$0.00	<u>.</u>
	9d. St	tudent loans. (Copy line 6f.)		\$0.00	<u>_</u>
		bligations arising out of a separation agreement or divorce that you did not reporiority claims. (Copy line 6g.)	ort as	\$0.00	_
	9f. D	ebts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+	\$0.00	<u>.</u>

9g. Total. Add lines 9a through 9f.

\$0.00

Fill in this inf	ormation to i	dentify your case	:					
Debtor 1	Leslee First Name	Danielle Middle Name	Lee Last Name					
Debtor 2	riistivaille	Middle Name	Lastivallie					
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States Ba	nkruptcy Court fo	r the: NORTHERN D	ISTRICT OF OKLAHOMA					
Case number (if known)					Check if this is an amended filing			
Official Form	106Dec							
Declaration	About an I	ndividual Debt	or's Schedules			12/15		
f two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.								
Sig	n Below							
Did you pay	or agree to pay s	someone who is NOT	an attorney to help you fill ou	t bankruptcy forms?				
√ No								

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Leslee Danielle Lee
Leslee Danielle Lee, Debtor 1

Signature of Debtor 2
Date

MM / DD / YYYY

Date <u>03/11/2020</u> MM / DD / YYYY

☐ Yes. Name of person

Attach Bankruptcy Petition Preparer's Notice,

Declaration, and Signature (Official Form 119).

F						
	ill in this inf	ormation to id	dentify your case			
D	Debtor 1	Leslee First Name	Danielle Middle Name	Lee Last Name		
	Debtor 2 Spouse, if filing)	First Name	Middle Name	Last Name		
	-		rthe: NORTHERN D	ISTRICT OF OKLAHOMA		
_	Case number if known)				Check if this is an amended filing	
Of	fficial Form	107				
			Affaire for Ind	ividuals Filing for Ba	akruptov	04/
_			!!.! !	al manufacture Citizen Associations Is at	h are equally responsible for supplying	
COI	rrect informatio	n. If more space		separate sheet to this form. On	the top of any additional pages, write	
P	Part 1: Giv	e Details Abo	out Your Marital S	tatus and Where You Live	d Before	
1.	What is your					
	☐ Married ☑ Not marrie	current marital s	etatus?			
2.	☐ Married ☐ Not marrie	ed		ther than where you live now?		
2.	☐ Married ☑ Not marrie During the las ☑ No	ed st 3 years, have y	you lived anywhere c	ther than where you live now? ears. Do not include where you liv	ve now.	
2. 3.	Married Not married	ed st 3 years, have y all of the places y st 8 years, did yo	you lived anywhere o ou lived in the last 3 you ever live with a spo	ears. Do not include where you liv	ve now. Imunity property state or territory? , Nevada, New Mexico, Puerto Rico, Texas,	

Debtor 1		Leslee Danielle Lee			Case number (if known)				
Part 2: Explain the Sources of Y			our Income						
4.	Fill in th	have any income from employne total amount of income you receive filing a joint case and you have in Fill in the details.	ived from all jobs and all bu	sinesses, including par	t-time activities.	lendar years?			
			Debtor 1		Debtor 2				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions			
From January 1 of the current year until the date you filed for bankruptcy:		-	✓ Wages, commissions, bonuses, tips✓ Operating a business	\$4,968.60	☐ Wages, commissions, bonuses, tips ☐ Operating a business				
For the last calendar year: (January 1 to December 31,		•	✓ Wages, commissions, bonuses, tips✓ Operating a business	\$347,040.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business				
For the calendar year before that: (January 1 to December 31, 2018)		•	Wages, commissions, bonuses, tips ☐ Operating a business \$16,809.00		☐ Wages, commissions, bonuses, tips ☐ Operating a business				
5.	Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.								
	List eac	h source and the gross income fro	m each source separately.	Do not include income	that you listed in line 4.				
	☑ No □ Yes	. Fill in the details.							

Del	otor 1	Leslee Danielle Lee		Case nu	Case number (if known)					
Р	art 3:	List Certain Payme	nents You Made Before You Filed for Bankruptcy							
6.	Are eith	er Debtor 1's or Debtor 2	2's debts primarily consum	er debts?						
	□ No.			sumer debts. Consumer debtamily, or household purpose."	s are defined in 1	1 U.S.C. § 101	(8) as			
		During the 90 days before	ore you filed for bankruptcy,	did you pay any creditor a tota	ıl of \$6,825* or mo	ore?				
		☐ No. Go to line 7.								
		total amount y	ou paid that creditor. Do not	a total of \$6,825* or more in o tinclude payments for domest clude payments to an attorney	tic support obligati	ions, such as				
		* Subject to adjustment	on 4/01/22 and every 3 yea	rs after that for cases filed on	or after the date c	of adjustment.				
	√ Yes	Debtor 1 or Debtor 2 o	or both have primarily cons	umer debts.						
	_	During the 90 days before	ore you filed for bankruptcy,	did you pay any creditor a tota	of \$600 or more	?				
		No. Go to line 7.								
		creditor. Do n		a total of \$600 or more and th estic support obligations, sucl ey for this bankruptcy case.						
	corporat agent, ir such as	ions of which you are an o	officer, director, person in cor s you operate as a sole prop	of any general partners; partnentrol, or owner of 20% or more rietor. 11 U.S.C. § 101. Inclu	of their voting se	curities; and an	ny managing			
8.		year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that d an insider?								
	Include	payments on debts guaranteed or cosigned by an insider.								
	✓ No ☐ Yes	. List all payments that be	nefited an insider.							
Р	art 4:	Identify Legal Acti	ons, Repossessions, a	and Foreclosures						
9.	List all s		sonal injury cases, small cla	arty in any lawsuit, court actions, divorces, collections						
	□ No ✓ Yes	. Fill in the details.								
	se title		Nature of the case	Court or age	ncy	Stat	tus of the case			
	HO TRA ARTMEN	IL NTS JUNIPER MINGO	Indebtiness	Tulsa Coun Court Name	ty, Oklahoma		Pending			
		LESLEE LEE		500 S. Denv			_			
Cas	se numbei	SC-2019-19600		Number Stre	et		Concluded			
				Tulsa	ОК	74103				
				City	State	ZIP Code	_			

Debt	or 1	Leslee Danielle Lee			Case number (if k	nown) _				
Case	Case title Nature of the case		Cou	Court or agency Sta				tus of the case		
		DERAL	Indebtiness		a County, Okla	homa		$\overline{\mathbf{Q}}$	Pending	
CRE	DIT UN	IION V. LEE, LESLEE	D		S. Denver Ave					
				Numl					On appeal	
Case	number	CJ-2019-3350							Concluded	
				Tuls	a a	ок	74103			
				City	, <u>u</u>	State	ZIP Code			
	seized, Check a	year before you filed fo or levied? Il that apply and fill in the Go to line 11.	r bankruptcy, was any of yo	our property reposs	essed, foreclosed	d, garnis	shed, attached,			
		. Fill in the information be	low.							
	amounts No		for bankruptcy, did any cred refuse to make a payment l			stitution	, set off any			
40	<u></u>						- f th hfit	e		
		-	r bankruptcy, was any of yo eiver, a custodian, or anoth		oossession of an	assigne	e for the benefit	т от		
	✓ No ☐ Yes									
Pa	rt 5:	List Certain Gifts a	and Contributions							
13.	Within 2	years before you filed f	or bankruptcy, did you give	any gifts with a to	al value of more t	han \$60	0 per person?			
	✓ No ☐ Yes	. Fill in the details for eac	h gift.							
	Within 2 to any c	•	or bankruptcy, did you give	any gifts or contril	outions with a tota	al value	of more than \$6	00		
	✓ No ☐ Yes.	. Fill in the details for eac	h gift or contribution.							
Pa	rt 6:	List Certain Losse	s							
15.		year before you filed fo saster, or gambling?	r bankruptcy or since you f	iled for bankruptcy	did you lose any	thing be	ecause of theft,	fire,		
	✓ No ☐ Yes.	. Fill in the details.								

Debtor 1 Leslee Danielle Lee		•	Case number (if known)			
Part 7:	List Certai	n Pav	ments or	Transfers		
16. Within anyon	1 year before yo e you consulted	ou filed about	for bankru seeking ba	ptcy, did you or anyone else acting on your behalf pa nkruptcy or preparing a bankruptcy petition?		
Include	e any attorneys, b	ankrup	tcy petition p	oreparers, or credit counseling agencies for services requ	ired for your bankrupt	cy.
□ No ☑ Ye	s. Fill in the deta	iils.				
Law Office	e Of Charles K	ania		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
5319 Sout	h Lewis Ave S	uite 12	20		03/09/2020	\$1,040.00
Number St Tulsa, OK	74105			-		_
City	Sta	ate Z	IP Code	-		
Email or webs	site address			_		
Person Who N	Made the Payment, i	f Not You	ı	_		
CIN Legal Person Who V				Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Number St	reet			_		\$40.00
City	Sta	ate Z	IP Code	-		
Email or webs	site address			_		
Person Who N	Made the Payment, i	if Not You	ı	_		
001 Debto				Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	reet			-		\$15.00
				-		_
City	Sta	ate Z	IP Code	-		
Email or webs	site address			-		
Person Who M	Made the Payment, i	f Not You		-		

Deb	tor 1	Leslee Danielle Lee	Case number (if known)					
17.		in 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to one who promised to help you deal with your creditors or to make payments to your creditors?						
	Do not in	nclude any payment or transfer that you listed on line 16.						
	✓ No ☐ Yes	Fill in the details.						
18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, oth property transferred in the ordinary course of your business or financial affairs?								
		poth outright transfers and transfers made as security (such as granting of a nolude gifts and transfers that you have already listed on this statement.	a security interest or mortgage on your property).					
	✓ No ☐ Yes	. Fill in the details.						
19.		0 years before you filed for bankruptcy, did you transfer any property a beneficiary? (These are often called asset-protection devices.)	to a self-settled trust or similar device of which					
	✓ No ☐ Yes	Fill in the details.						
Pá	art 8:	List Certain Financial Accounts, Instruments, Safe Depo	sit Boxes, and Storage Units					
20.		year before you filed for bankruptcy, were any financial accounts or i closed, sold, moved, or transferred?	nstruments held in your name, or for your					
		checking, savings, money market, or other financial accounts; certificates of pension funds, cooperatives, associations, and other financial institutions.	f deposit; shares in banks, credit unions, brokerage					
	✓ No ☐ Yes	Fill in the details.						
21.	-	now have, or did you have within 1 year before you filed for bankruptc rities, cash, or other valuables?	y, any safe deposit box or other depository					
	✓ No ☐ Yes	Fill in the details.						
22.	•	u stored property in a storage unit or place other than your home with	in 1 year before you filed for bankruptcy?					
	✓ No ☐ Yes	Fill in the details.						
Pá	art 9:	Identify Property You Hold or Control for Someone Else						
23.	-	hold or control any property that someone else owns? Include any proin trust for someone.	operty you borrowed from, are storing for,					
	✓ No ☐ Yes	Fill in the details.						

Deb	tor 1	Leslee Danielle Lee Case number (if known)						
P	art 1	0: Give Details About Environmental Information						
For	the p	urpose of Part 10, the following definitions apply:						
ł	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.							
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.							
	 Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item. 							
Rep	ort a	l notices, releases, and proceedings that you know about, regardless of when they occurred.						
24.	Has law?	any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental						
		No Yes. Fill in the details.						
25.		e you notified any governmental unit of any release of hazardous material?						
		Yes. Fill in the details.						
26.	Have	e you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and ers.						
	لت	No Yes. Fill in the details.						
P	art 1	1: Give Details About Your Business or Connections to Any Business						
27.		in 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any ness?						
		A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation						
		No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business.						
28.		in 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include nancial institutions, creditors, or other parties.						
	_	No Yes. Fill in the details below.						

Debtor 1	Leslee Danielle Lee		Case number (if known)
Part 12	Sign Below		
that answe	ers are true and correct. I under	stand that making a false statement, kruptcy case can result in fines up t	nents, and I declare under penalty of perjury , concealing property, or obtaining money or to \$250,000, or imprisonment for up to 20 years,
X /s/ Les	lee Danielle Lee	X	
Leslee	Danielle Lee, Debtor 1	Signature of Debtor 2	
Date _	03/11/2020	Date	_
Did you at	tach additional pages to Your St	atement of Financial Affairs for Indiv	riduals Filing for Bankruptcy (Official Form 107)?
✓ No ☐ Yes			
Did you pa	ay or agree to pay someone who	is not an attorney to help you fill ou	t bankruptcy forms?
√ No			
Yes. N	Name of person		Attach the Bankruptcy Petition Preparer's Notice, Declaration and Signature (Official Form 119)

				_	
Fill in this in	nformation to ic	lentify your case:			
Debtor 1	Leslee First Name	Danielle Middle Name	Lee Last Name	-	
Dalata a O	i iist Name	wildule Name	Lastivanie		
Debtor 2 (Spouse, if filing	g) First Name	Middle Name	Last Name	-	
United States B	Sankruptcy Court for	the: NORTHERN DIS	STRICT OF OKLAHOMA	_	
Case number (if known)					☐ Check if this is an
(ii kilowil)					amended filing
Official Forr	m 108				
		for Individuals	Filing Under Chap	oter 7	12/15
-	_	chapter 7, you must f	ill out this form if:		
		by your property, or			
■ you have lea	sed personal prope	erty and the lease has	not expired.		
of creditors, whi			r you file your bankruptcy dis the time for cause. You		
	eople are filing tog ust sign and date tl		oth are equally responsible	e for supplying correct	information.
Be as complete	and accurate as po	ossible. If more space	is needed, attach a separa	te sheet to this form. C	On the top of any
•		and case number (if k	· · · · · · · · · · · · · · · · · · ·		,
Part 1: L	ist Your Credito	ors Who Hold Secu	ured Claims		
	ditors that you list formation below.	ed in Part 1 of <i>Schedu</i>	le D: Creditors Who Hold C	Claims Secured by Prop	erty (Official Form 106D),
Identify the	creditor and the p	roperty that is collater	al What do you inter property that sec		Did you claim the property as exempt on Schedule C?
Creditor's name:	US Auto Cre	dit	Surrender the	e property. operty and redeem it.	□ No □ Yes
Description	of 2014 Jeep P a	atriot (approx. 100,0	Dotain the pr	operty and enter into a	
property securing del	miles) VIN 10		Reaffirmation	Agreement. operty and [explain]:	
J					
Part 2: L	ist Your Unexpi	red Personal Prop	erty Leases		
fill in the informa	ation below. Do no	ot list real estate lease		ases that are still in effe	red Leases (Official Form 106G), ct; the lease period has not S.C. § 365(p)(2).
Describe yo	our unexpired pers	onal property leases			Will this lease be assumed?
Lessor's nar	me: Sprint	-			√ No
Description property:	-	one Contract			Yes

Debtor 1	Leslee Danielle Lee		Case number (if known)
Part 3:	Sign Below		
	penalty of perjury, I declare that al property that is subject to an	•	any property of my estate that secures a debt and
X /s/ Les	lee Danielle Lee	X	
Leslee [Danielle Lee, Debtor 1	Signature of Debtor 2	
Date 0	3/11/2020	Date	
N	MM / DD / YYYY	MM / DD / YYY	Y

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OKLAHOMA **TULSA DIVISION**

ln	re Leslee Danielle Lee Ca	se No.	
	Ch	apter	7
	DISCLOSURE OF COMPENSATION OF ATTORNE	Y FOR	DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attor that compensation paid to me within one year before the filing of the petition in bankru services rendered or to be rendered on behalf of the debtor(s) in contemplation of or it is as follows:	ptcy, or	agreed to be paid to me, for
	For legal services, I have agreed to accept	\$	1,040.00
	Prior to the filing of this statement I have received	\$	1,040.00
	Balance Due		\$0.00
2.	The source of the compensation paid to me was:		
	☑ Debtor ☐ Other (specify)		
3.	The source of compensation to be paid to me is:		
	☑ Debtor ☐ Other (specify)		
4.	✓ I have not agreed to share the above-disclosed compensation with any other personassociates of my law firm.	on unle	ss they are members and
	☐ I have agreed to share the above-disclosed compensation with another person or associates of my law firm. A copy of the agreement, together with a list of the nan compensation, is attached.	•	
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspe	cts of th	e bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in de bankruptcy;	terminin	g whether to file a petition in
	b. Preparation and filing of any petition, schedules, statements of affairs and plan which	ch may l	pe required;
	c. Representation of the debtor at the meeting of creditors and confirmation hearing, a	and any	adjourned hearings thereof;
	d. [Other provisions as needed]		
	Exemption planning; preparation and filing of reaffirmation agreements and approach creditors. In addition to portion of fee paid as stated herein, the court's filing fee party has been paid by client(s). Also, debtor have been advised they have no le outstanding attorney fees owing at time of bankruptcy filing and that payments Client may use the services of 722redemption.com to provide funding for redemptionrow \$700 from 722redemption.com to pay attorney fees for obtaining redemptions.	and a o gal obli post-pe ption of	redit report fee for each gation to pay any tition are strictly voluntary.

B2030	(Form	2030)	(12/15)
DZUJU I	ГОПП	20301	(12/13)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

03/11/2020 /s/ Charles J. Kania

Date Charles J. Kania

Law Office of Charles Kania 5319 S. Lewis Avenue, Suite 120 Tulsa, OK 74105

Charles@kanialaw.com

Phone: (918) 743-2239 / Fax: (918) 743-2244

Bar No. 20512

/s/ Leslee Danielle Lee

Leslee Danielle Lee

n	<u>•</u>	.1	03	120	۱1	•
к	evise	'n	UZ.	/ 21	"	L

IN THE UNITED STATES BANKRUPTCY COURT

IN RE:	§ § Case No. :
Leslee Danielle Lee	§§ Chapter: 7§
DEBTOR(S)	§
VERIFICATION AS TO OF	FICIAL CREDITOR LIST
☑ Original	
☐ Amendment ☐ Add ☐	l Delete
I hereby certify under penalty of perjury that the mapplication, or uploaded to the Electronic Case Filing Syste mowledge.	
I further acknowledge that (1) the accuracy and co hared responsibility of the debtor and the debtor's attorney nailings, and (3) that the various schedules and statements nailing purposes.	, (2) the court will rely on the creditor listing for all
If this filing is an amendment to the creditor list or to be deleted at this time. (For verification purposes, aploaded, or to be deleted.)	t, indicate <u>only</u> the number of creditors being added attach a list of the creditors being submitted,
# of Creditors (or if amended, # of credit	ors added)
Method of submission: a)☑_ uploaded to Electronic Case Find the boundary of the control of	iling System; or cation (to be used by Pro Se filers, found on the Court's
website at www.oknb,uscourts.gov, or available in	the Clerk's Office)
# of Creditors (on attached list) to be delete	d
/S/ Leslee Danielle Lee Debtor Signature Leslee Danielle Lee	Joint Debtor Signature
/s/ Charles J. Kania Counsel Debtors Charles J. Kania, OBA #20512 5319 S. Lewis Ave., Suite 120	Date: March 11, 2020
Tulsa, OK 74105 Telephone: (918) 743-2239 Facsimile: (918) 743-2244 charles@kanialaw.com	[Check if applicable] Creditor(s) with foreign addresses included

All State Indemnity Co. PO Box 660598 Dallas, TX 75266

BancFirst PO Box 455 Coweta, OK 74429-0455

Caine & Weiner Attn: Bankruptcy 5805 Sepulveda Blvd Sherman Oaks, CA 91411

Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130

CCS Payment Processing Center PO Box 55126 Boston, MA 02205-5126

Chase Card Services Attn: Bankruptcy PO Box 15298 Wilmington, DE 19850

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Internal Revenue Service PO Box 802501 Cincinnati, OH 45280

Municipal Services Bureau PO Box 16755 Austin, TX 78761-6755 Oklahoma Tax Commission P.O. Box 26930 Oklahoma City, OK 73126

Progressive Leasing 256 W Data Dr. Draper, UT 84020

Sprint
PO Box 629023
El Dorado Hills, CA 90054

Tinker Fcu Attn: Bankruptcy PO Box 45750 Tinker AFB, OK 73145

US Auto Credit Attn: Bankruptcy PO Box 57545 Jacksonville, FL 32241

USDOE/GLELSI Attn: Bankruptcy PO Box 7860 Madison, WI 53707

F	ill in this inf	formation to	identify your case:			box only as dire	
D	ebtor 1	Leslee	Danielle	Lee	.	in Form 122A-1Sເ	
		First Name	Middle Name	Last Name	☑ 1. There is	no presumption of abu	se.
	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name	of abuse	ulation to determine if a applies will be made u est Calculation (Officia	ınder Chapter 7
U	Inited States Ba	nkruptcy Court fo	or the: NORTHERN DI	STRICT OF OKLAHOMA		ns Test does not apply	•
	case number f known)					ed military service but	
					Check if t	his is an amended filin	g
<u>O</u> 1	fficial Form	122A-1					
CI	hapter 7 S	tatement o	f Your Current	Monthly Income			12/19
info are mil 122	ormation applic e exempted from litary service, c 2A-1Supp) with	es. On the top on a presumption complete and file this form.	of any additional pages n of abuse because you	eet to this form. Include the write your name and case do not have primarily cons on from Presumption of Ab	number (if knowr sumer debts or b	n). If you believe that ecause of qualifying	you
1.	What is your	marital and filin	ng status? Check one o	nlv.			
			umn A, lines 2-11.	•			
	— Marriad			Laut bath Calumna A and D. I	inaa 0 11		
	_			l out both Columns A and B, I			
	_			u. You and your spouse are			
	Livi	ing in the same	household and are not	legally separated. Fill out bo	oth Columns A and	d B, lines 2-11.	
	dec	lare under penal	ty of perjury that you and	 Fill out Column A, lines 2-11 I your spouse are legally sepathat do not include evading the 	rated under nonb	ankruptcy law that app	lies or that you
	bankruptcy of August 31. If in the result.	case. 11 U.S.C. the amount of you Do not include a	§ 101(10A). For examp our monthly income variency income amount more	d from all sources, derived le, if you are filing on Septem ed during the 6 months, add the than once. For example, if b ave nothing to report for any	ber 15, the 6-mon ne income for all 6 oth spouses own t	th period would be Mar months and divide the he same rental properl	ch 1 through total by 6. Fill
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.		vages, salary, ti _l yroll deductions).	ps, bonuses, overtime,	and commissions	\$2,649.28		
3.	Alimony and if Column B is	-	ayments. Do not includ	e payments from a spouse	\$0.00		
4.	expenses of regular contril your depende	you or your dep butions from an υ ents, parents, and	e which are regularly poendents, including chi unmarried partner, memb d roommates. Include re not filled in. Do not include	Id support. Include pers of your household, gular contributions from	\$0.00		

Debto	r1 <u>!</u>	Leslee Danielle Lee				ase number (if k	nown)
						Column A Debtor 1	Column B Debtor 2 or non-filing spouse
5. N	let inco	me from operating a busin	ess, profession, o	r farm			
			Debtor 1	Debtor 2			
	Gross re leductio	ceipts (before all ns)	\$0.00		_		
	Ordinary expense	and necessary operating -s	\$0.00	-	— Copy		
		thly income from a business, on, or farm	\$0.00		_ here →	\$0.00	
6. N	let inco	me from rental and other re	eal property				
			Debtor 1	Debtor 2			
	Gross re leductio	ceipts (before all ns)	\$0.00		_		
	Ordinary expense	and necessary operating -s	\$0.00		— Copy		
		thly income from rental or al property	\$0.00		here →	\$0.00	
7. Ir	nterest,	dividends, and royalties				\$0.00	
8. U	Jnemple	oyment compensation				\$0.00	
	enefit u	nter the amount if you conter nder the Social Security Act.	Instead, list it here	9:	0.00		
	•	ou		······	<u></u>		
	,	our spouse		-			
w n a d u o a	was a be next sen allowance lisability uniforme of title 10 amount of	or retirement income. Do not need to the social Securitence, do not include any concept paid by the United States (at the security of the paid by the United States (at the security of the services. If you received at the security of the include that pay only the security of retired pay to which you way provision of title 10 other the	ty Act. Also, except mpensation, pension Government in conrability, or death of any retired pay paid to extent that it does buld otherwise be except.	ot as stated in the on, pay, annuity, nection with a a member of the under chapter 6 s not exceed the ntitled if retired	e or 61	\$0.00	
a p ir o d u	amount. payment nternation allowa lisability uniforme	from all other sources not I Do not include any benefits is received as a victim of a wonal or domestic terrorism; or ance paid by the United State of, combat-related injury or dis ad services. If necessary, list the total below.	received under the ar crime, a crime aq compensation, per s Government in coability, or death of a	Social Security gainst humanity, nsion, pay, annu onnection with a a member of the	Act; or lity,		
_							
Т	otal am	ounts from separate pages, i	f any.		+		+

Deb	tor 1 Leslee Danielle Lee		Case number (if known)	
	Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to th		Column A Debtor 1 Debtor 2 or non-filing spouse \$2,649.28	\$2,649.28 Total current monthly income
	Calculate your current monthly income for the y	· ·		
	12a. Copy your total current monthly income from	•	Copy line 11 here 👈 12a	\$2,649.28
	Multiply by 12 (the number of months in a ye		-	X 12
	12b. The result is your annual income for this part	t of the form.	12b	\$31,791.36
13.	Calculate the median family income that applies	to vou. Follow these steps:		
			1	
	Fill in the state in which you live.	Oklahoma		
	Fill in the number of people in your household.	1		
	Fill in the median family income for your state and s	size of household	13.	\$48,322.00
	To find a list of applicable median income amounts instructions for this form. This list may also be available.		•	
14.	How do the lines compare?			
			box 1, There is no presumption of abuse.	
	Go to Part 3. Do NOT fill out or file Offi 14b. Line 12b is more than line 13. On the to		presumption of abuse is determined by i	Form 122A-2
	Go to Part 3 and fill out Form 122A-2.	op o. pago ., e.i.cok zok z,e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	····· · · = - · · · ·
P	ort 3: Sign Below			
	By signing here, I declare under penalty of perjury	/ that the information on this st	atement and in any attachments is true a	nd correct.
	X /s/ Leslee Danielle Lee Leslee Danielle Lee, Debtor 1	X Sign	ature of Debtor 2	
	Date 3/11/2020 MM / DD / YYYY	Date	MM / DD / YYYY	
	If you checked line 14a, do NOT fill out or file For	m 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and	file it with this form.		

IN THE UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OKLAHOMA

IN RE:			§		
			§	Case No.:	
	Leslee Danielle Lee		§		
			§	Chapter:	7
			§		
		DEBTOR(S)	§		

SUBMISSION OF CERTIFICATE OF CREDIT COUNSELING

COMES NOW the Debtor, Leslee Danielle Lee, by and through attorney, Charles J, Kania of the **KANIA LAW OFFICE**, and respectfully submits to the Court the following:

1. Leslee Danielle Lee's Certificate of Credit Counseling.

WHEREFORE, Debtor prays that the Court attach this certificate to the filed Bankruptcy case.

Respectfully submitted,

KANIA LAW OFFICE

/s/ Charles J. Kania Charles J. Kania, OBA #20512 5319 S. Lewis Ave., Suite 120 Tulsa, OK 74105 Telephone: (918) 743-2239 Facsimile: (918) 743-2244 charles@kanialaw.com Certificate Number: 15725-OKN-CC-034170805



CERTIFICATE OF COUNSELING

I CERTIFY that on March 2, 2020, at 8:23 o'clock PM EST, Leslee Lee received from 001 Debtorce, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Northern District of Oklahoma, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: March 2, 2020 By: /s/Landes Thomas

Name: Landes Thomas

Title: Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. 109(h) and 521(b).

FORM 1007-1F (10/07)

IN THE UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OKLAHOMA

IN RE:	§
Leslee Danielle Lee	§ Case No.:§§ Chapter: 7§
DEBT	TOR(S) §
	ADVICES CERTIFICATION be filed by each debtor in a joint case)
other evidence of payment (such as payched	
	r filed with the Court, copies of all payment advices or other my employer(s) within 60 days before the petition date.
Number of Payment Advices Period Covered: 1-11-2020 (If period co	3-11-2020 overed is less than 60 days, attach an explanation.) o not cover the entire 60-day period, describe any "other
have not yet located or obtained copi	employer(s) during the 60 days before the petition date but ies of all of the payment advices. I understand that if I do not dence of payment within 45 days from the petition date, my
Number of Employers: Period Covered: Number of missing Payment Dates of missing Payment Ad	Number of Payment Advices attached: t Advices: dvices:
	ces or other evidence of payment from any employer at any petition date. (If you were employed, attach an explanation of advices from your employer.)
I declare under penalty of perjury th my knowledge, information and belie	
Date: March 11, 2020	/s/Leslee Danielle Lee Print name:Leslee Danielle Lee

* In order to protect the debtor's privacy, all but the last four digits of the Debtor's social security number and financial account number should be redacted from any payment advice. References to dates of birth should contain only the year and names of any minors should be redacted or include only initials.

Respectfully submitted,

KANIA LAW OFFICE

/s/ Charles J. Kania

Charles J. Kania, OBA #20512 5319 S. Lewis Ave., Suite 120 Tulsa, OK 74105 Telephone: (918) 743-2239

Facsimile: (918) 743-2239 Facsimile: (918) 743-2244 charles@kanialaw.com

Enc.

2020-03-12

Leslee Lee five hundred twenty-seven point zero two

Leslee Lee Leslee D. Lee 6513 S. Joshua Ave. Broken Arrow, OK 74011

EMPLOYER

Pipeliners Local Union 798 PO Box 470798 Tulsa, OK 74147

PAY PERIOD

Period Beginning Period Ending: Pay Date: Total Hours:

OTHER PAY

2020-03-07

2020-03-13 2020-03-12 42.75

YTD

Current

EMPLOYEE

Leslee Lee

Leslee D. Lee 6513 S. Joshua Ave. Broken Arrow, OK 74011

SSN: ***-**-8391

BENEFITS	Used	Available
Vacation	19.75	38.2
Sick	7.0	48.15

NET PAY: \$527.02

MEMO: Direct Deposit

PAY	Hours	Rate	Current	YTD
Sick Pay - LDL	1.0	14.7	14.7	102.9
Overtime - LDL	2.75	22.05	60.64	644.98
Vacation - LDL	3.75	14.7	55.13	290.33
Hourly Rate - LDL	35.25	14.7	518.18	6074.78

DEDUCTIONS	Current	YTD
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TAXES	Current	YTD
OK - Withholding	22.0	234.0
Federal Withholding	50.0	504.0
Social Security Employee	40.22	441.01
Medicare Employee Addl Tax	0.0	0.0
Medicare Employee	9.41	103.14

SUMMARY	Current	YTD
Total Pay	648.65	7112.99
Taxes	121.63	1282.15
Deductions	0	0

Net Pay \$527.02

2020-03-05

Leslee Lee ***** five hundred three point three

Leslee D. Lee 6513 S. Joshua Ave. Broken Arrow, OK 74011

EMPLOYER

Pipeliners Local Union 798 PO Box 470798 Tulsa, OK 74147

PAY PERIOD

Period Beginning Period Ending: Pay Date: Total Hours:

2020-02-29 2020-03-06 2020-03-05 40.75

EMPLOYEE

Leslee Lee

Leslee D. Lee 6513 S. Joshua Ave. Broken Arrow, OK 74011

SSN: ***-**-8391

OTHER PAY

Current

Current

YTD

YTD

BENEFITS	Used	Available	
Vacation	16.0	40.4	
Sick	6.0	47.3	

MEMO: Direct Deposit

OK - Withholding

Social Security Employee

NET PAY: \$503.3

DEDUCTIONS

PAY	Hours	Rate	Current	YTD
Hourly Rate - LDL	40.0	14.7	588.0	5556.6
Sick Pay - LDL		0.0	0.0	88.2
Overtime - LDL	0.75	22.05	16.54	584.34
Vacation - LDL		0.0	0.0	235.2

TAXES	Current	YTD
Federal Withholding	40.0	454.0
Medicare Employee	8.76	93.73
Medicare Employee Addl Tax	0.0	0.0

15.0

37.48

212.0

400.79

SUMMARY	Current	YTD
Total Pay	604.54	6464.34
Taxes	101.24	1160.52
Deductions	0	0

Net Pay \$503.3

2020-02-27

Leslee Lee
***** four hundred ninety-four point two

Leslee Lee Leslee D. Lee 6513 S. Joshua Ave. Broken Arrow, OK 74011

EMPLOYER

Pipeliners Local Union 798 PO Box 470798 Tulsa, OK 74147

PAY PERIOD

Period Beginning Period Ending: Pay Date: Total Hours:

OTHER PAY

2020-02-22 2020-02-28

2020-02-27 40.50

YTD

Current

EMPLOYEE

Leslee Lee

Leslee D. Lee 6513 S. Joshua Ave. Broken Arrow, OK 74011

SSN: ***-**-8391

BENEFITS	Used	Available	
Sick	6.0	45.45	
Vacation	16.0	38.85	

NET PAY: \$494.2

MEMO: Direct Deposit

PAY	Hours	Rate	Current	YTD
Hourly Rate - LDL	40.0	14.7	588.0	4968.6
Sick Pay - LDL		0.0	0.0	88.2
Overtime - LDL	0.5	22.05	11.03	567.8
Vacation - LDL		0.0	0.0	235.2

DEDUCTIONS	Current	YTD

TAXES	Current	YTD
Medicare Employee Addl Tax	0.0	0.0
OK - Withholding	19.0	197.0
Federal Withholding	40.0	414.0
Medicare Employee	8.69	84.97
Social Security Employee	37.14	363.31

SUMMARY	Current	YTD
Total Pay	599.03	5859.8
Taxes	104.83	1059.28
Deductions	0	0

Net Pay \$494.2

2020-02-20 *** 566.56

Leslee Lee
****** five hundred sixty-six point five six

Leslee Lee Leslee D. Lee 6513 S. Joshua Ave. Broken Arrow, OK 74011

EMPLOYER
Pipeliners Local Union 798
PO Box 470798 Tulsa, OK 74147

PAY PERIOD Period Beginning Period Ending: Pay Date:

2020-02-15 2020-02-21 2020-02-20

Total Hours: OTHER PAY

Current

YTD

44.25

EMPLOYEE

Sick

Leslee D. Lee 6513 S. Joshua Ave. Broken Arrow, OK 74011

SSN: ***-**-8391

BENEFITS	Used	Available
Vacation	16.0	37.3

6.0

43.6

NET PAY: \$566.56

MEMO: Direct Deposit

PAY	Hours	Rate	Current	YTD
Hourly Rate - LDL	40.0	14.7	588.0	4380.6
Sick Pay - LDL		0.0	0.0	88.2
Overtime - LDL	4.25	22.05	93.71	556.77
Vacation - LDL		0.0	0.0	235.2

DEDUCTIONS	Current	YTD

TAXES	Current	YTD
Federal Withholding	40.0	374.0
Medicare Employee Addl Tax	0.0	0.0
OK - Withholding	23.0	178.0
Social Security Employee	42.27	326.17
Medicare Employee	9.88	76.28

SUMMARY	Current	YTD
Total Pay	681.71	5260.77
Taxes	115.15	954.45
Deductions	0	0

Net Pay \$566.56

2020-02-13 *** 486.02

Leslee Lee
***** four hundred eighty-six point zero two

Leslee Lee Leslee D. Lee 6513 S. Joshua Ave. Broken Arrow, OK 74011

EMPLOYER
Pipeliners Local Union 798
PO Box 470798 Tulsa, OK 74147

PAY PERIOD

Period Beginning Period Ending:

Pay Date:

OTHER PAY

2020-02-08 2020-02-14

Total Hours:

2020-02-13 40.00

EMPLOYEE

Leslee Lee

Leslee D. Lee 6513 S. Joshua Ave. Broken Arrow, OK 74011

SSN: ***-**-8391

NET PAY: \$486.02

Current

YTD

BENEFITS	Used	Available	
Vacation	16.0	35.75	
01-1-	6.0	44 75	

MEMO: Direct Deposit

Medicare Employee Addl Tax

OK - Withholding

35.75	
41.75	

PAY	Hours	Rate	Current	YTD
Sick Pay - LDL	6.0	14.7	88.2	88.2
Overtime - LDL		0.0	0.0	463.06
Vacation - LDL		0.0	0.0	235.2
Hourly Rate - LDL	34.0	14.7	499.8	3792.6

TAXES	Current	YTD
Social Security Employee	36.45	283.9
Medicare Employee	8.53	66.4
Federal Withholding	38.0	334.0

0.0

19.0

0.0

155.0

DEDUCTIONS	Current	YTD

SUMMARY	Current	YTD
Total Pay	588	4579.06
Taxes	101.98	839.3
Deductions	0	0

Net Pay \$486.02

2020-02-06 *** 514.74

Leslee Lee
***** five hundred fourteen point seven four

Leslee Lee Leslee D. Lee 6513 S. Joshua Ave. Broken Arrow, OK 74011

EMPLOYER

Pipeliners Local Union 798 PO Box 470798 Tulsa, OK 74147

PAY PERIOD

OTHER PAY

Period Beginning Period Ending: Pay Date: Total Hours:

2020-02-01 2020-02-07

Current

2020-02-06 42.00

YTD

EMPLOYEE

Leslee Lee

Leslee D. Lee 6513 S. Joshua Ave. Broken Arrow, OK 74011

SSN: ***-**-8391

BENEFITS Used Available Vacation 16.0 34.2

45.9 Sick 0.0

NET PAY: \$514.74

MEMO: Direct Deposit

PAY	Hours	Rate	Current	YTD
Vacation - LDL		0.0	0.0	235.2
Hourly Rate - LDL	40.0	14.7	588.0	3292.8
Overtime - LDL	2.0	22.05	44.1	463.06

DEDUCTIONS	Current	YTD

TAXES	Current	YTD
Federal Withholding	48.0	296.0
Medicare Employee Addl Tax	0.0	0.0
Social Security Employee	39.19	247.45
Medicare Employee	9.17	57.87
OK - Withholding	21.0	136.0

SUMMARY	Current	YTD	
Total Pay	632.1	3991.06	
Taxes	117.36	737.32	
Deductions	0	0	

Net Pay \$514.74

2020-01-30 *** 565.75

Leslee Lee
***** five hundred sixty-five point seven five

Leslee Lee Leslee D. Lee 6513 S. Joshua Ave. Broken Arrow, OK 74011

EMPLOYER

Pipeliners Local Union 798 PO Box 470798 Tulsa, OK 74147

PAY PERIOD

Period Beginning Period Ending:

2020-01-25 2020-01-31 2020-01-30

Pay Date: Total Hours: OTHER PAY

Current

YTD

EMPLOYEE

Leslee Lee

Leslee D. Lee 6513 S. Joshua Ave. Broken Arrow, OK 74011

SSN: ***-**-8391

BENEFITS	Used	Available
Vacation	16.0	32.65
Sick	0.0	44.05

NET PAY: \$565.75

MEMO: Direct Deposit

PAY	Hours	Rate	Current	YTD
Hourly Rate - LDL	40.0	14.7	588.0	2704.8
Overtime - LDL	4.75	22.05	104.74	418.96
Vacation - LDL		0.0	0.0	235.2

DEDUCTIONS	Current	YTD

TAXES	Current	YTD
Federal Withholding	50.0	248.0
Social Security Employee	42.95	208.26
OK - Withholding	24.0	115.0
Medicare Employee Addl Tax	0.0	0.0
Medicare Employee	10.04	48.7

SUMMARY	Current	YTD
Total Pay	692.74	3358.96
Taxes	126.99	619.96
Deductions	0	0

Net Pay \$565.75

2020-01-23 *** 551.47

Leslee Lee
***** five hundred fifty-one point four seven

Leslee Lee Leslee D. Lee 6513 S. Joshua Ave. Broken Arrow, OK 74011

EMPLOYER

Pipeliners Local Union 798 PO Box 470798 Tulsa, OK 74147

PAY PERIOD Period Beginning Period Ending:

Pay Date: Total Hours:

OTHER PAY

NET PAY: \$551.47

2020-01-18 2020-01-24 2020-01-23

44.00

YTD

EMPLOYEE

Sick

Leslee D. Lee 6513 S. Joshua Ave. Broken Arrow, OK 74011

SSN: ***-**-8391

BENEFITS Used Available Vacation 31.1 16.0

0.0

42.2

MEMO: Direct Deposit

YTD PAY Hours Rate Current Overtime - LDL 22.05 88.2 314.22 Vacation - LDL 0.0 0.0 235.2 Hourly Rate - LDL 588.0 2116.8 40.0 14.7

DEDUCTIONS Current YTD

TAXES	Current	YTD	
Medicare Employee	9.8	38.66	
OK - Withholding	23.0	91.0	
Federal Withholding	50.0	198.0	
Medicare Employee Addl Tax	0.0	0.0	
Social Security Employee	41.93	165.31	

SUMMARY	Current	YTD
Total Pay	676.2	2666.22
Taxes	124.73	492.97
Deductions	0	0

Net Pay \$551.47

2020-01-16 *** 546.38

Leslee Lee
***** five hundred forty-six point three eight

Leslee Lee Leslee D. Lee 6513 S. Joshua Ave. Broken Arrow, OK 74011

EMPLOYER
Pipeliners Local Union 798
PO Box 470798 Tulsa, OK 74147

PAY PERIOD

Period Beginning Period Ending:

Pay Date: Total Hours:

OTHER PAY

NET PAY: \$546.38

2020-01-11 2020-01-17

2020-01-16 43.75

YTD

Current

EMPLOYEE

Leslee Lee Leslee D. Lee 6513 S. Joshua Ave. Broken Arrow, OK 74011

SSN: ***-**-8391

FN	FF	ITS		

BENEFITS	Used	Available
Sick	0.0	40.35
Vacation	16.0	29.55

MEMO: Direct Deposit

PAY	Hours	Rate	Current	YTD
Vacation - LDL		0.0	0.0	235.2
Overtime - LDL	3.75	22.05	82.69	226.02
Hourly Rate - LDL	40.0	14.7	588.0	1528.8

DEDUCTIONS	Current	YTD

TAXES	Current	YTD
Medicare Employee Addl Tax	0.0	0.0
Medicare Employee	9.73	28.86
Social Security Employee	41.58	123.38
Federal Withholding	50.0	148.0
OK - Withholding	23.0	68.0

SUMMARY	Current	YTD
Total Pay	670.69	1990.02
Taxes	124.31	368.24
Deductions	0	0

Net Pay \$546.38